DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: GLENDALE HOUSE (0009825)

Address: 901 PFLAUM RD, MADISON, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 03/01/2003

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0094506 End Date: 04/06/2005 Type: STANDARD Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0090531 End Date: 06/12/2003 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007793 Served 06/27/2003

	·-·-·	Compliance	
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected
83.14(1)(c)	UNIVERSAL PRECAUTIONS	04/06/2005	Yes
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	04/06/2005	Yes
83.16(1)	ADMISSIONS AGREEMENT	04/06/2005	Yes
83.16(2)	RESPITE CARE RESIDENTS	04/06/2005	Yes
83.32(3)	SIGNING ASSESSMENT AND ISP	04/06/2005	Yes
83.32(4)(b)	RESPITE ISP DEVELOPED WITHIN 48 HOURS	04/06/2005	Yes
83.33(3)(b)2.a	MEDICATIONS SHALL HAVE A LABEL	04/06/2005	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Survey ID: 0090896 End Date: 06/12/2003 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007837 Served 08/16/2003

		Compliance		
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected	
83.14(1)(c)	UNIVERSAL PRECAUTIONS	04/06/2005	Yes	
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	04/06/2005	Yes	
83.16(1)	ADMISSIONS AGREEMENT	04/06/2005	Yes	
83.16(2)	RESPITE CARE RESIDENTS	04/06/2005	Yes	
83.32(3)	SIGNING ASSESSMENT AND ISP	04/06/2005	Yes	
83.32(4)(b)	RESPITE ISP DEVELOPED WITHIN 48 HOURS	04/06/2005	Yes	
83.33(3)(b)2.a	MEDICATIONS SHALL HAVE A LABEL	04/06/2005	Yes	

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Enforcement History

Date: 06/27/2003 SOD #10007793 Appealed: Yes Decision: WITHDRAWN APPEAL (NO STIPULATIO

Sanctions

FORFEITURE---83.14(1)(a)

FORFEITURE---83.14(1)(b)

FORFEITURE---83.14(1)(c)

FORFEITURE---83.14(2)

FORFEITURE---83.16(1) 2nd citation

FORFEITURE---83.32(3) 2nd citation FORFEITURE---83.32(4)(b)

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